

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	RELEASE OF CHILD BY CHILD PLACING AGENCY	FILE NO.
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In the matter of _____ DOB: _____, adoptee
Full name of child

I, _____, on behalf of _____
Name of representative Name of child placing agency

voluntarily release and relinquish parental rights to the above named child to the Michigan Family Independence Agency for the purpose of adoption or suitable placement. I am the duly authorized representative of the child placing agency.

 Signature

 Title

Subscribed and sworn to before me on _____ in _____ County, Michigan.
Date

My commission expires: _____ Signature: _____
Date Notary public

Do not write below this line - For court use only